



Innovation with Hard Work

CUSTOMER INFORMATION FORM

		\
Applicant	:	
Unit No.	:	
Project Name	e :	
Site Address	:	





Da	ate:				

APPLICANT DETAILS

SOLE / FIRST APPLICANT		
Mr. /Mrs. /Ms. :		
S/o./ D/o / W/o :		
Date of Birth : Nationality :		PASTE YOUR RECENT
Residential Status : Resident Non-Resident	Foreign National of Indian Origin	PHOTOGRAPH
If Others (Plz Specify) :		
Passport No. / PIO Card No. :		
Occupation: Employed Self-Employed Profess	sional Others (Specify)	
Profession:		
Permanent Account Number / GIR		
E-mail :	Mobile :	
Present / Communication Address :		
City : State :	Pin: Country:_	
Phone No. : Fax :	Mobile No.:	
Permanent Address :		_
City : State :	Pin : Country :	
Phone No. : Fax :	Mobile No.:	
Office Address :		
City : State :	Pin : Country :	
Phone No. : Fax :	Mobile No.:	

JOINT/CO-APPLICANT

JOINT / CO-APPLICANT	
Mr. /Mrs. /Ms. :	
S/o./ D/o / W/o :	
Date of Birth : Nationality :	PASTE YOUR RECENT PHOTOGRAPH
Residential Status: Resident Non-Resident Foreign National of Indian Origin	
If Others (Plz Specify) :	
Passport No. / PIO Card No. :	
Occupation: Employed Self-Employed Professional Others (Specify)	
Profession:	
Permanent Account Number / GIR	
E-mail : Mobile :	
Present / Communication Address :	
City : State : Pin : Country :	
Phone No. : Fax : Mobile No.:	
Permanent Address :	
Permanent Address :	1
City :	
City : State : Pin : Country : Phone No. : Fax : Mobile No. :	
City : State : Pin : Country : Phone No. : Fax : Mobile No.: NOMINEE Pin :	2
City : State : Pin : Country : Phone No. : Fax : Mobile No.: NOMINEE Mr. /Mrs. /Ms. :	2
City : State : Pin : Country : Phone No. : Fax : Mobile No.: NOMINEE Mr. /Mrs. /Ms. : S/o./ D/o / W/o :	P
City :	P
City :	P
City:State:Pin:Country:_ Phone No.:Fax:Mobile No.: NOMINEE Mr. /Mrs. /Ms. : S/o./ D/o / W/o:	

Corporate Office:

D01, Insignia Building 7th floor Noida Expressway, Sector 126, Noida (U.P.)

PROVISIONAL BOOKING DETAILS

No.____

e of Booking						Office use only
					Checked	d by Coordinator. Yes No
ne of Project						
er / Block					Recheck	ked by TL
	ail/Office	Space/Others			Signatu	re of TL
er Area (sq. ft.)		space, others			Corpora	ite/ Dealer
c Sale Price (BSP)					•	
ount Out					Name .	
Index		Rate		Total	Dealer (Code
Base Price		Kate	/Sq. Ft.	Total		
PLC [Floor / Facing / Oth	erl		/Sq. Ft.		Stamp	
Covered Parking	-	Nos. @each				
Open Parking		Nos. @each				
Club Membership						
Other Charges		As Applicable			Dealer's	Signature
Service Tax		As Applicable				
			ļ		Team M	ember
	P	ayment Plan			Sales En	nployee Code
Down Payment					Verified	by account
Flexi					vermeu	by account
Construction Link	æd				CRN	
Time Linked						
Other						
No. Date of Payme	nt	Amount		Bank Name		Cheque No
No. Date of Fayine		Amount		Dalik Name		Clieque No
					(5)	0 - 1
hereby declare that I/We have	gone thro	ugh and understood	d the terms ar	nd conditions mention	ed overleaf	and shall abide by the same.

Any other comments :	
TL Name	Signature
Team Member	Signature



Form Serial No.	Dealer Code	Customer ID	Booking Form Received by		ERP Date Entered b	
			Signature	EID	Signature	EID





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